



PATENT
Attorney Docket: 923-20

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Denise Forte-Pathroff Examiner: Willmon Firdie, Jr.
Serial No.: 10/047,334 Group: Art Unit 3628
Filed: January 14, 2002
For: SEQUENCE OF SKIN CARE
APPLICATION INDICIA AND METHOD

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

December 23, 2003

RECEIVED
JAN 09 2004
GROUP 3600

AMENDMENT

Sir:

In response to the Office Action mailed October 24, 2003, please amend the
above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2
of this paper.

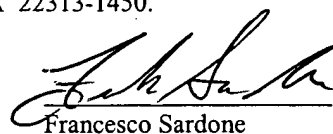
Remarks/Arguments begin on page 8 of this paper.

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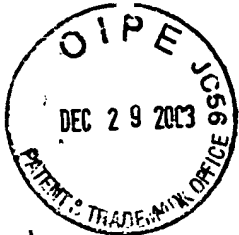
CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited on date below with the United States Postal Service as first class mail, postpaid in an envelope, addressed to the: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: December 23, 2003


Francesco Sardone

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3628

PATENT

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Applicant(s): Denise Forte-Pathroff
Serial No.: 10/047,334
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Examiner: Willmon Firdie, Jr.
Group: 3628
Docket: 923-20
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Commissioner for Patents
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GROUP 3600

AMENDMENT TRANSMITTAL FORM

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ Small entity status of this application under 37 C.F.R. § 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity under 37 C.F.R. § 1.9 and 1.27 is enclosed.
- ☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDIT. RATE FEE	ADDIT. RATE FEE
TOTAL	17	MINUS 20	=	X 9 \$	X 18 \$ 0
INDEP.	3	MINUS 3	=	X 43 \$	X 86 \$ 0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				X 135 \$	X 280 \$ 0
				TOTAL	OR TOTAL \$ 0
				ADDIT. FEE	\$ -0-

* If the entry in Co. 1 is less than entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

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Dated: December 23, 2003

Francesco Sardone

- ☐ Please charge Deposit Account No. **50-2140** in the amount of \$_____. Two (2) copies of this sheet are enclosed.
- ☐ A check in the amount of \$_____ is enclosed.
- ☒ Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. **50-2140**. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 50-2140 therefor. **TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.**

Respectfully submitted,



Francesco Sardone
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